Camp Hill Hospital

70 Years of Caring

1917 - 1987

Halifax, Nova Scotia

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Camp Hill Hospital
70 Years of Caring
1917 - 1987

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Historical Committee

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The Historical Committee
Camp Hill Hospital
1763 Robie Street
Halifax, Nova Scotia
Canada
B3H 3G2

Camp Hill Hospital
Historical Committee

Back row, left to right: Mr. Lloyd Preston,
Dr. Ian Cameron, Mr. Steve Jenner

Front row, left to right: Mrs. Diana English,
Mr. Owen McInerney, Mrs. Rene Fogarty
Inset Dr. David Hogan

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CHAPTER 1

BEGINNINGS

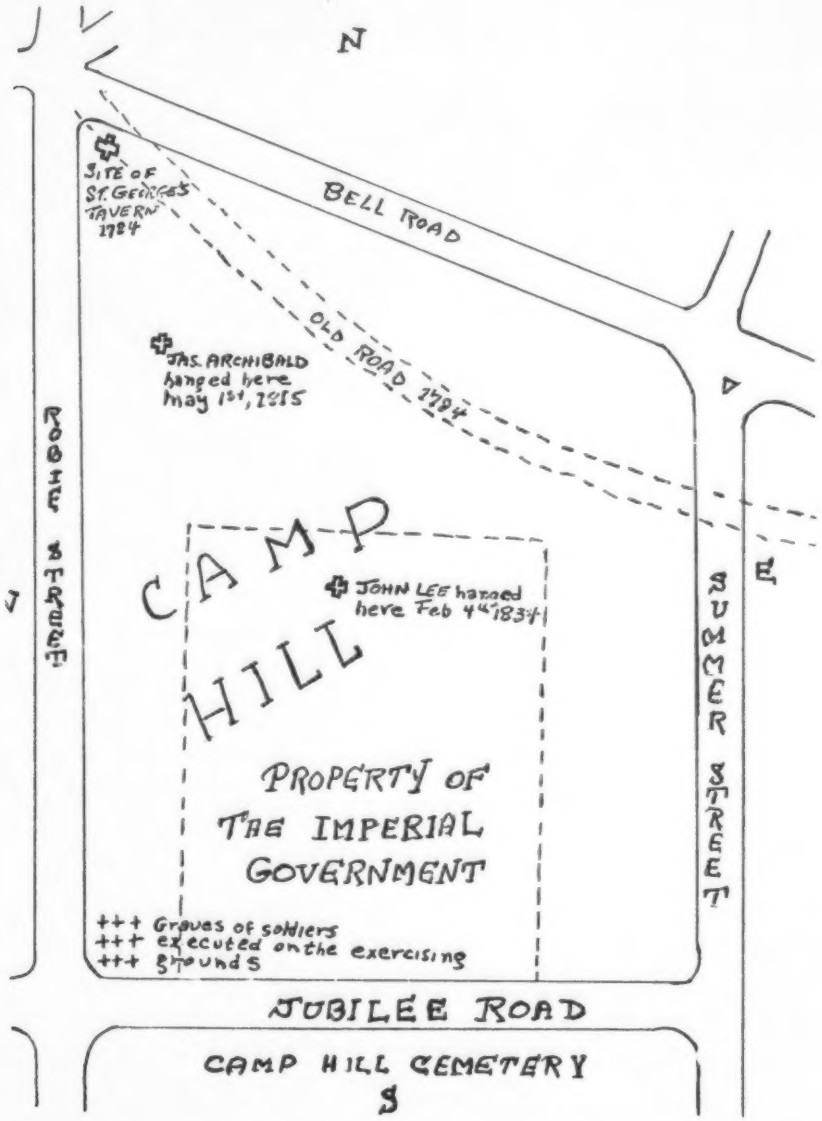
The first references to what eventually became Camp Hill date from the establishment of Halifax as a significant British naval and military post in 1749. The original Camp Hill site encompassed a strategic tract of land extending west of Citadel Hill and the land currently occupied by the Public Gardens, The Commons, and Camp Hill Cemetery. This land was kept by the Crown for military purposes. A granite marker, showing the crown insignia dating from this era, can still be found on the site near the Robie and Jubliee intersection.

Initially the area was used as an encampment and drill grounds for British troops. Between 1757 and 1759 a large influx of soldiers arrived in Halifax in anticipation of the upcoming sieges of Louisbourg and Quebec. Both then and in 1776 when Lord Howe arrived with reinforcements to deal with the American revolutionaries, troops lived under canvass — often under great hardship — on the Camp Hill site. Not surprisingly in view of the "tender mercies" of 18th century military law, Camp Hill was the scene of numerous court martials and a few executions.

Camp Hill is first mentioned as a medical site during the cholera epidemic which terrorized Halifax in 1833-34. In the city itself, by September, 1834, the "Acadian Recorder" noted a daily average of 35 new cases of cholera and 18 deaths from the disease. For the first six weeks of the epidemic there were at least 762 cases and 284 deaths in Halifax. When the garrison barracks became infected the troops were moved out — some to Bedford, the rest to Camp Hill. (Reference — Thomas Raddall; Halifax, Warden of the North; McClelland & Stewart (Toronto), 1971)

With the growth of Halifax there came an inevitable reduction in the size of the Camp Hill site. Camp Hill Cemetery was relinquished in 1834 to meet the growing need for burial grounds. The present day Public Gardens was then the municipal dump — leav-

ing a good base of fertilizer for its eventual use. The Commons area was used for military drill and war games until the commencement of the First World War in 1914.



Map of Camp Hill site pre 1840
drawn by Patricia Smith

CHAPTER 2

BIRTH OF CAMP HILL HOSPITAL

Here at whatever hour you come, you will
find light and help and human kindness.

(Albert Schweitzer, 1875-1965)

In 1914, the population of Canada was approximately 8 million and of that 500,000 resided in Nova Scotia. Prior to the commencement of the First World War, there were barely 3,000 permanent members of the Canadian Armed Forces, and these were under British command. After declaration of war, Canadians, as members of the Empire, responded enthusiastically to the call for troops. Eventually, nearly 700,000 young Canadians enlisted between 1914 and 1918. Our entire military establishment, including the medical corps, had to be built virtually from scratch.

Unfortunately the nature of the First World War led to a heavy demand for medical services. Over 60,000 Canadians died during this war with an additional 170,000 suffering wounds of varying severity. To put this in perspective, one man died out of every eleven who enlisted. Even the great Canadian success of the war — Vimy Ridge — was accompanied by approximately 20,000 casualties, about a quarter of whom were buried in France.

Prior to the first World War, the Federal Government had provided medical care for its active militia and disabled veterans in a small number of military hospitals, and, to a larger extent, in civilian hospitals. By 1915, the mounting casualty list strained the system and led to the establishment of the Military Hospital Commission (MHC) by the Federal Union Government. At first, the Commission sought to place wounded veterans in private homes, but this proved inadequate with regards to both quality and quantity. In 1917, the government authorized the Commission to start an intensive program of hospital building. One of the sites chosen was Halifax.

During the initial years of the War, the Cogswell Street Military Hospital was used for the treatment and convalescence of wounded veterans returning home. By 1917, the resources of this facility were overtaxed. Early that year, the MHC converted a residence at Pine Hill College into the Pine Hill Convalescent Home. This was solely a temporary measure. At the beginning of 1917, the Department of National Defence, in conjunction with the MHC, formulated plans for the erection of a military hospital in Halifax. On March 3, 1917, the City of Halifax gave permission to the MHC for the use of the Camp Hill site as the location for this hospital. The Camp Hill site was all that remained of the city's "central breathing space." The erection of the hospital began immediately. Temporary materials were used as it was believed that the hospital would be torn down shortly after the war — at most within 20 years. By September of 1917, the white stucco edifice was ready to admit its first patients.

The facility consisted of six connected buildings for patient care on the site between Robie and Summer Streets. These buildings were designated as follows, from west to east: H and J, K and L, Q and R, M and O, S and T, X and Y. Kitchen and heating facilities were placed in an area immediately north of the H and J pavilion. A building for administrative services was located on the eastern side of the property facing Summer Street. This served as the main entrance to the facility. The rated patient capacity was between 250 and 300. At its outset, Camp Hill only treated "convalescent cases," but quickly its services expanded to meet other needs. Eventually, as in other large military hospitals of the time, Camp Hill was divided into two sections — one for active treatment (i.e., surgery) and one section for convalescent care (i.e., treatment by measures other than surgery). At the time of the opening, Camp Hill was a military hospital functioning under the control of the Department of National Defence. Thus all of the staff were military personnel.

The first nurses to staff Camp Hill Hospital were "Matrons" and "Nursing Sisters" from the Royal Canadian Army Medical Corps. A Matron's management style mirrored that of an army sergent major. Four or five "Nursing Sisters" supervised the wards and most of

the day to day nursing routines were performed by male medical attendants.

The Director of Medical Services at the time of the opening was Lieutenant Colonel F. McKelvey Bell. He was succeeded by Colonel Evans G. Davis who held the position from 1919 to 1920. Shortly after opening, a number of accessory facilities became available within the Institution such as X-ray, EENT Clinic, Massage Department (which eventually became the Physiotherapy Department), Pathology Department, Dental Clinic, and Vocational Training.

Medical staff included the following: Colonel C.W. Morris (Officer in Charge), Colonel J.A. Sponagle (who succeeded Colonel Morris as Officer in Charge), Colonel H.E. Kendall, Colonel Andrew Croll, Colonel Alec MacKenzie, Major L.R. Morse, Major Glen Donovan, Major S.J. MacLennan, Captain Hugh Schwartz, Captain Vernon Miller, Captain D.J. MacDonald, Captain E.G. Moore, Captain W.W. Barraclough, Captain Dan Murray, Captain J.L. Cook, Captain Robert H. O'Brien, Captain Jack Favies, Captain J. Stanley Chisholme, Captain J.R. Corston, Captain M.J. Carney, Captain H.P. Guthro, Captain W.B. Almon, Captain V.N. MacKay, Captain Don Campbell, Captain S.J Turel, Captain C.S. Henderson, Captain David Drury, Captain G.W. Grant, Captain Phil MacClarron. Dr. Arthur Birt, a prominent Halifax physician, was a member of the staff as a civilian consultant in Medicine. Nursing sisters on staff at this period were Matron K.O. McLatchey, Marguerite Condon, Edith Clark, Catherine Clark, Mary Dempsey, Florence Fraser, Sadie Archard, Margaret Drew, J.B. Davidson, Mary Hayden, A.R. Hillcoat, A. B. MacDonald, Christine MacKenzie and Edith Richardson. Dietary Service was under the direction of Miss Dobson. Dental services were provided by Lieutenant Colonel B.I. Neilly and Major H.E. Mann.

The most momentous event which occurred in the first year of the existence of Camp Hill Hospital was the famous Halifax Explosion. About 9 o'clock on the morning of December 6, 1917, the City of Halifax was awakened by a loud report followed immediately by trembling of the earth as from an earthquake. A few seconds later, a tremendous explosion was heard. Vast clouds of

smoke and flames shot into the air to a height of almost two miles. In the north end of the city, an area of about one half square mile was laid in ruins. Practically every other building in the city was more or less seriously damaged. The explosion was caused by a fire on the French ammunition ship "Mont Blanc" which had been rammed by the Belgian relief ship "Imo". Owing to the length of time which elapsed after the ship "Mont Blanc" caught fire (approximately 20 minutes) and between the first and second explosions (about 30 seconds) large numbers of people had rushed to windows and were looking out. The windows imploded, as a result of the violent force of the explosion, and shattered glass pierced through doors and plaster walls. Shards of glass were driven into faces and eyes of individuals. Hundreds were disfigured for life, and approximately 200 individuals had injuries to their eyes. Over 1,500 individuals were killed by the explosion with a further 5,000 being wounded. Approximately 10,000 residents were left homeless. The force of the explosion was in the range of 2.5 kilotons which compares to Hiroshima where the force of explosion was 13 kilotons.

At the time of the explosion, Camp Hill had between 250 and 300 beds. On the first day of the explosion, over 1,400 victims of the explosion were admitted to hospital. All ambulatory cases in the hospital, prior to the explosion, were moved out to make room for this influx. While every patient admitted was given at least a mattress on which to lie, the hospital was extremely crowded with patients being three deep in the corridors and occupying every room. It was fortunate that Camp Hill had suffered only slight damage from the explosion — a few windows were broken and small portions of the ceiling were affected. While a number of hospital facilities were utilized for the disaster, Camp Hill treated the largest number of patients and all of the severely wounded.

CHAPTER 3

CAMP HILL AND THE SMALLPOX OUTBREAK OF 1938

That dire disease whose ruthless power
whithers the beauty's transient flower

(Oliver Goldsmith, 1728-1774)

Note: The inter-war years for Camp Hill were not generally times of dramatic happenings or brave new starts. The hospital appeared to be like a cagey prize-fighter saving itself between rounds. There was one happening of dramatic interest — a sailor with smallpox was admitted to the hospital which eventually led to the entire hospital being quarantined. Following is a description of the particular circumstances of the episode prepared by Dr. Ian Cameron.

Canadian Press Clipping, March 8, 1938

"For the first time in its history, 21 year old Camp Hill Hospital with its hundred Great War Veterans is under . . . quarantine . . . as the results of the discovery of a case of smallpox."

Background

Smallpox occurred in Halifax in 1907 and again in a protracted epidemic that persisted from 1917 to 1920. During the latter outbreak 5,000 Haligonians were vaccinated against the "dreaded" disease, but in the intervening years there were no reminders of its lethal potential and the populace became complacent. As early as 1932 the stage was set for Camp Hill's involvement with the smallpox outbreak at the end of the decade. It was then that the Department of Pensions and National Health agreed to help overcrowding at the Victoria General Hospital by accepting sick mariners at Camp Hill.

Another situation that contributed to Camp Hill's involvement was a hiatus that occurred in 1938 regarding hospital facilities for

infectious diseases. The hospitals on Lawlors Island had been used since the 1870's for quarantinable diseases, but they had not been used for many years and had fallen into disrepair. The new infectious disease hospital at Rockhead was not quite ready for use in March of 1938.

Finally, there was a policy of the Quarantine Service known as "radio pratique" that was instrumental in the development of the smallpox outbreak. We shall look at the role it played, but first let us look at the source of the infection.

S.S. City of Auckland

The S.S. City of Auckland was a freighter carrying general cargo. She left Calcutta on January 17th and arrived in Colombo on January 23rd. The ship then proceeded to the Red Sea making calls at Port Sudan and Port Said where two crew members were replaced. A brief stop was made at Gibraltar on February 18th for coal and on the same day the City of Auckland left port bound for Halifax.

Ali Tobaruck, a 30 year old coal trimmer on the City of Auckland reported for work as usual on March 4th, two days out of Halifax. The next day he complained of back pain. Native crews on ships frequently worked under a native foreman called a serang who could speak English and act as an interpreter. So the seaman's complaint was translated and taken to the steward. Castor oil was prescribed; the complaint was not recorded in the log book or reported to the Captain, H.D. Jenkins.

As the freighter approached Halifax harbour it wired the Quarantine Service requesting radio pratique. Pratique was a licence granted to enter port once quarantine regulations had been fulfilled.

Originally it was granted only after an officer had inspected the ship, its crew and log book. It was a time consuming procedure and had generally been replaced by the more commercially convenient radio pratique. This permitted the captain merely to send a message under oath that his vessel was free of disease and had not called at any infected ports. The vessel would then be given permission to dock and the official quarantine form could be filled out.

The City of Auckland had been granted radio pratique, however Canadian Pacific had failed to transmit the permission by telegraph. So on the morning of March 6th the City of Auckland was anchored in the harbour with her quarantine flag flying.

Dr. J.S. Douglas, Assistant Quarantine Officer

Dr. Douglas arrived at Kings Wharf on Sunday morning March 6th at 8:00 a.m. intending to board the quarantine boat, the Sulucan 11, for the trip to Pier 37 where the City of Auckland should have been docked. Instead he was informed by the customs boat crew that the City of Auckland was anchored in the stream with her "Q" flag flying. Unfortunately Dr. Douglas couldn't forsee the benefits of keeping the ship precisely where it was. Instead, he boarded the vessel and discussed with Captain D.H. Jenkins the failure to receive the message granting him permission to dock. He then cleared the ship after getting a signed affidavit and checking the crew's vaccination documents. All the crew had been vaccinated in Calcutta with the exception of the two crew members who had joined the ship at Port Said. The results of the vaccinations had not been recorded. Despite this and the fact that the Halifax Quarantine Service received weekly copies of the Saigon health bulletin indicating that smallpox was "extremely prevalent in Indian ports," Dr. Douglas did not muster the crew for inspection.

The City of Auckland proceeded to Pier 37 where the ship was to be fumigated prior to discharging her cargo. During the fumigation process the crew was transported by bus to the immigration quarters at pier 21.

Dr. Lyall Cock, Immigration Officer

Dr. Cock, responsible for sick mariners, was called when Ali Tobaruck collapsed in the restaurant at pier 21. He examined him in the Immigration detention centre on the second floor of the building. The seaman was obviously ill and in pain with a temperature of 104 and a pulse rate of 125. He had a papular rash on his forehead and face, a confluent "hard papular rash" on his back, a few

papules on his chest and abdomen and quite a number on his legs. Dr. Cock also noticed an old vaccination scar on his left shoulder.

Dr. Cock's diagnosis was smallpox and he had a dilemma on his hands. If Ali remained in the Immigration centre the entire staff would have to be quarantined and no passenger boats could land in Halifax for the duration of the quarantine. The City of Auckland was being fumigated and the two quarantine hospitals were not in active use. Dr. Cock felt he had only one course of action available and that was to send him to Camp Hill Hospital. He contacted Dr. Hugh Collins, the admitting resident, and requested that he send an ambulance for Ali. He also requested that he be isolated and that the diagnosis be confirmed by senior staff physicians.

Dr. Hugh Collins, Resident Camp Hill Hospital

Dr. Collins was hesitant but felt compelled to accept the sick mariner. He isolated him and with the aid of the orderlies undressed and examined him. During this time, Dr. Collins later recalled, Ali was coughing and spitting a great deal and both orderlies, Reginald Smith and Edward Liggins were in close contact with him. Next, Drs. John Rankine, Kirk Maclelland and Kenneth MacKenzie were asked to examine the patient and confirm the diagnosis. There was no doubt in the doctors' minds that this was a full blown case of smallpox. Immediately the arrangements were made to transfer the patient to Lawlor's Island.

The examination room was scrubbed with soap and water and a 1/20 solution of carbolic acid and sealed. Then, in an inexplicable lapse of quarantine procedure, both orderlies were allowed to go home.

Camp Hill

Monday, March 7th the patients and staff of Camp Hill were vaccinated against smallpox. There were 11 exceptions, these being elderly, debilitated or very ill patients. Walter Callow, one of Camp Hill's most famous residents was one of the exceptions. The same day Dr. Maclellan, the chief medical officer at Camp Hill,

in consultation with the federal authorities and the city board of health, placed Camp Hill in quarantine. The entrances were locked, quarantine notices were posted and a guard was placed on the front door. Later Commissioner S.T. Wood provided RCMP officers to guard the premises. Approximately 50 members of the Camp Hill staff were quarantined at Rockhead Hospital and were transported daily to and from the hospital.

Reginald Smith's vaccination didn't "take" and there was no evidence that his vaccination in 1914 had been successful so he was revaccinated on March 12th. Mr. Liggins had successful vaccinations in the past and his March 8th vaccination was reported as a primary take.

Dr. M.A. MacAuley, the district health administrator at Camp Hill, had been the Smith and Liggins' family physician. He looked after the quarantine of their homes and the vaccination of their contacts, some 40 in all. On March 16th Dr. MacAulay did a housecall and found Mr. Smith was not well. The next day there were quite a few "suspicious spots" and preparations were made to transfer him to Lawlor's Island. The day was stormy and so the transfer was postponed until the morning of the 18th. Edward Liggins joined the group on Lawlor's Island that same evening, despite his vaccination status, a victim of smallpox.

The team that went to Lawlor's Island to look after the smallpox patients were Dr. Collins, Nursing Sister M.C. Macdonnel, and Orderly Walter K. Wilson. William Zinc, an orderly who had had close contact with the infected cases, did not have a satisfactory reaction to his vaccination and was sent to Lawlor's. Mr. Beed, an orderly with Immigration Service, was feverish and had an exaggerated local reaction after his vaccination and he too joined the group in quarantine. These two orderlies developed no further clinical signs and were very helpful in caring for the two patients.

Initially the quarantine at Camp Hill was only partial and a memo from Dr. Kirk Maclelland indicates that they continued to admit patients, including a sick mariner, until March 17th. After that date a "rigid" or complete quarantine was placed on the

hospital. This meant that veterans couldn't be discharged, elective admissions had to be cancelled and agreements were negotiated to admit veterans on an emergency basis to local hospitals. The Halifax Infirmary agreed to admit sick mariners (non-infected cases) during the Camp Hill quarantine. Despite these arrangements the Canadian Legion began to express its displeasure. The Halifax Mail reported on March 22, "A resolution protesting admittance of a seaman stricken with smallpox into Camp Hill Hospital was endorsed by the Cape Breton Command over the weekend." Similar resolutions were passed at other branches and sent to the Federal Minister of Health, the Honourable C.G. Power.

In the meantime Dr. C.P. Brown, the Chief Quarantine Officer for Canada, arrived in Halifax to personally oversee the quarantine. On March 21st he went to Lawlor's Island and reported: "he (Reginald Smith) is distinctly more toxic today — his face a swollen mask. I have very little hope that he will recover." Edward Liggins apparently had benefited from his previous vaccinations. Dr. Brown felt that, "he is ill enough but not alarming at all."

There were the usual minor inconveniences resulting from the quarantine. Dr. Brown reported to his superiors in Ottawa that his vaccination site was so itchy that it kept him awake for several nights.

Then there was the boredom of the veterans who had to be confined to the hospital. The Camp Hill Chaplain, Rev. Ambrose, wrote a poem that gives us some insight as to how they passed their time.

In quarantine for many a day
One hundred [Great War] veterans lay
Till the smallpox scare had passed away;
And some were bald, and some were grey,
But most could crib or rummy play,
Or make at billiards, some display.

In the last lines of the poem Rev. Ambrose points out some of the veteran's bones of contention as well as their relief at the outcome of the quarantine:

We had no leave, nor extra pay,
So I cannot say that we were gay,
Tho' delighted the sick passed not away.

The quarantine at Camp Hill Hospital was officially lifted on April 2, 1938.

Outcomes

Ali Tobaruck died of smallpox on March 9th and was burried on Lawlor's Island. Reginald Smith and Edward Liggins both recovered, although Mr. Smith was badly scarred.

A commission of inquiry was established by the Federal Government to report on the smallpox outbreak. They had two recommendations: Firstly, that the practice of radio pratique be reviewed by the Quarantine Service; and secondly, that a quarantine hospital be readily available. Both of these recommendations were acted upon. All ships from the Far East were quarantined and their passengers and crews were inspected for evidence of infectious disease. The facilities at Rockhead were quickly completed and were made available before the quarantine was lifted at Camp Hill.

The Hon. C.G. Power announced on March 31st: "no sick mariners will in the future be sent to Camp Hill Hospital." This decision satisfied the veterans, however with the onset of World War II, the policy was reversed.

The cities of Halifax and Dartmouth indirectly benefited in that approximately 20,000 people were vaccinated as a result of the outbreak. Subsequently, worldwide attention to vaccination programs resulted in the eradication of smallpox.

Fig. 1 *Camp Hill Hospital in the autumn of 1917.*

Fig. 2 *These convalescing soldiers are shown in a typical Camp Hill ward during 1917.*

Fig. 3 Several hundred victims of the Halifax Explosion were taken to Camp Hill for treatment.

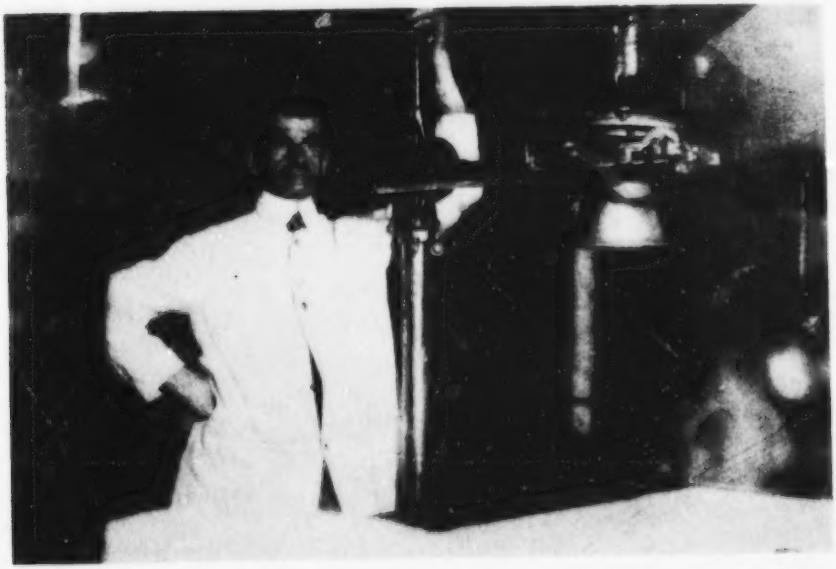


Fig. 4 A portrait of Lou Wallace, an x-ray technician at Camp Hill during World War I.

Fig. 5 *Dr. Moore and his staff treating patients in the Massage (Physiotherapy) Department, c. 1918.*

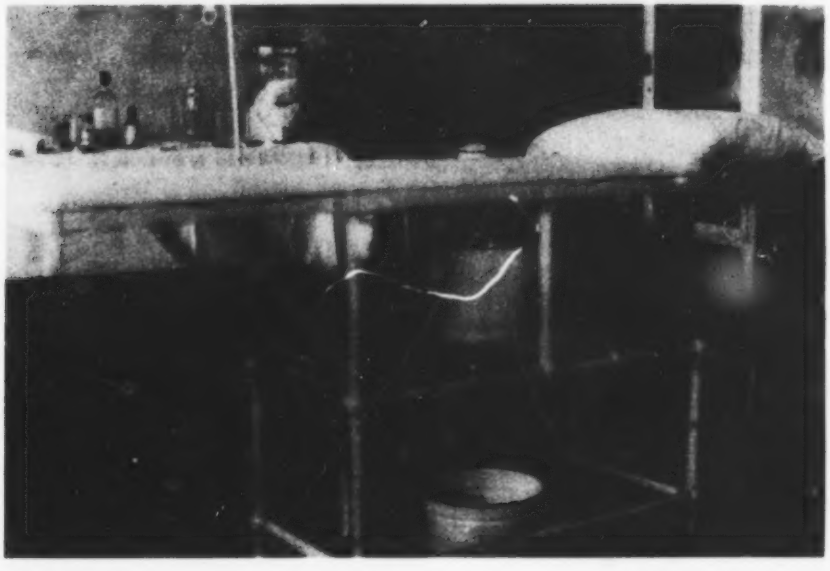


Fig. 6 *The main operating room as it appeared in 1918.*

Fig. 7 An aerial view of Camp Hill Hospital taken in 1945.

Fig. 8 The new Camp Hill wing as it appeared soon after its opening in August, 1948.

Fig. 9 Queen Elizabeth chats with a Veteran during her 1959 visit to the hospital.

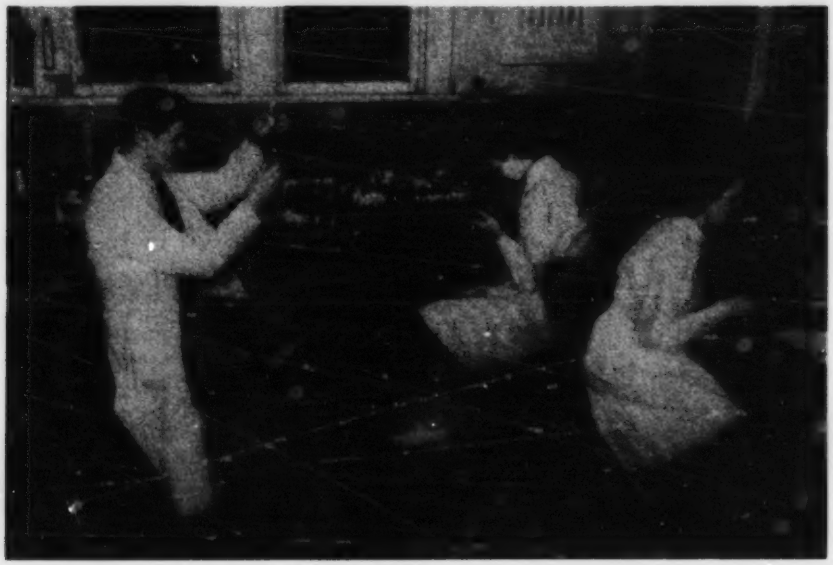


Fig. 10 A 1950's photo showing three of Camp Hill's lab technicians at work.

Fig. 11 *Miss Jean Nelson, Director of Nursing from 1966 to 1974.*

Fig. 12 *Students of Camp Hill's Certified Nursing Assistants Program.*

Fig. 13 *As part of Canada's Centennial Celebrations, the Queen Mother pays a visit to the Hospital.*

Fig. 14 *In 1978, Dame Vera Lynn (far right) came to Camp Hill and sang for the Veterans.*

Fig. 15 *As part of the Hospital's 65th Anniversary, some Veterans and employees dressed in period uniforms.*

Fig. 16 *The Red Cross Lodge, which was constructed in 1948 and demolished in 1984.*

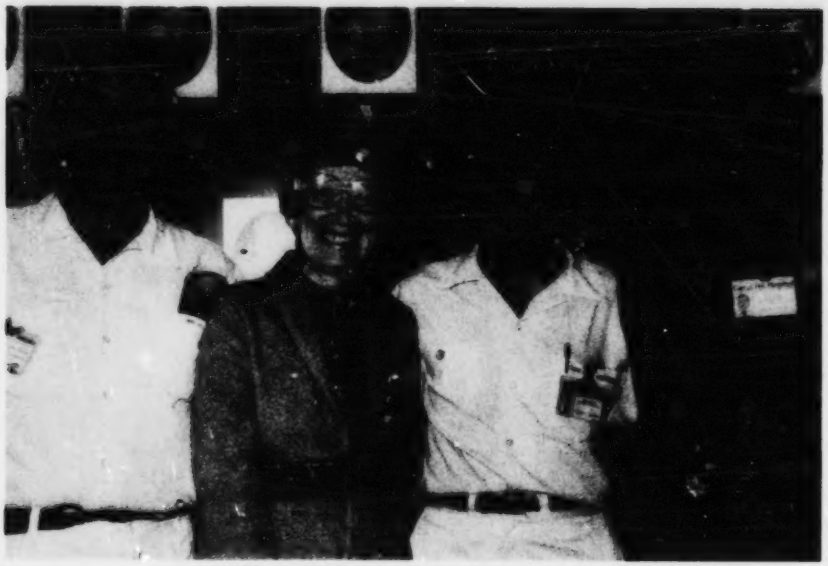


Fig. 17

Douglas Matheson, N.O., Jean MacLean, First instructor for the nursing orderly program, 1954, Stan Keating, N.O., and Gerry Nagle, instructor of the last Nursing Orderly Orogram Class, 1983.

Fig. 18

Director of Nursing, Jean Nelson, Nursing Orderly, Frank Vickery, Medical Director, Dr. Harris Miller and Ward Master, Bill Dickey. Mr. Vickery receives a St. John's Ambulance award from Dr. Miller.

Fig. 19 *The Abbie Lane Building.*

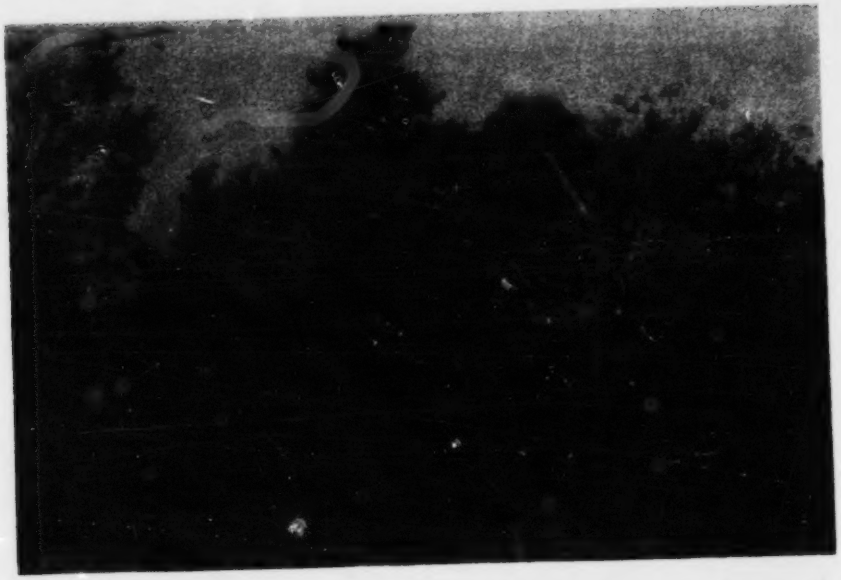


Fig. 20 A 1967 photograph of the City Home that was located near the corner of Robie Street and South Street.

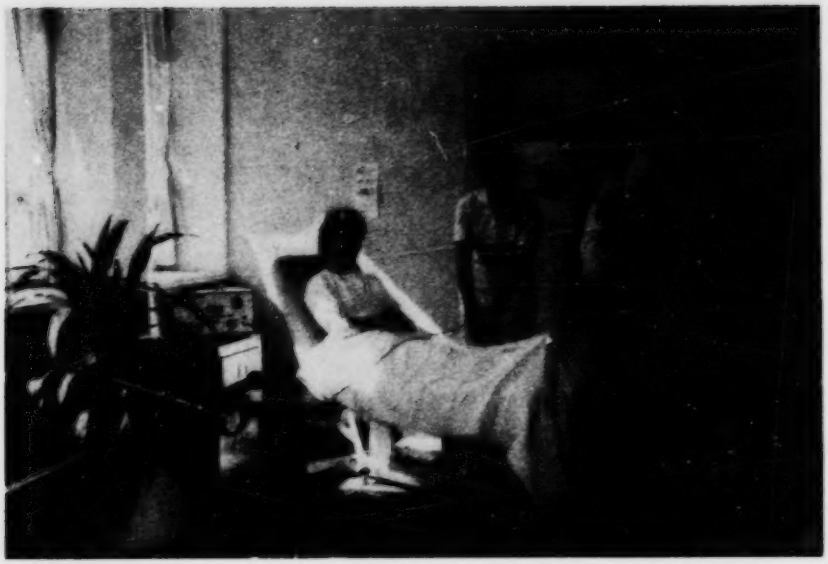


Fig. 21 *Dr. David Hogan looks on as a Physiotherapist treats a patient.*

Fig. 22 Modern technology helps surgeons like Dr. Auld (center) to perform delicate operations.

Fig. 23 *In 1987 HRH Prince Edward visited Camp Hill Hospital.*

Fig. 24 *The look of the future — the new Veterans Memorial Building which opened on October 23rd, 1987.*

CHAPTER 4

1917-1954

During the 1920's and 1930's many local Great War veterans found themselves in desperate straits — unemployed, inadequately pensioned, or disabled. Veterans organized themselves and demanded assistance from the government. They and other Haligonians congregated on the Commons, especially on Saturdays, to either address the crowds from speaker platforms or to listen to others express their thoughts.

As part of the governmental response to this pressure the MacKenzie King administration, in 1928, assigned responsibility for the veterans to the Department of Pensions and National Health. At this time there grew an awareness of the changing needs of the veteran. Domiciliary rights, under the Veterans Care Program, were granted to veterans who could not maintain themselves in the community. Between the wars these individuals made up an increasing proportion of the patients admitted to hospitals run by the Department of Pensions and Health, Pension section — which included Camp Hill.

By 1937, the population of Nova Scotia was approximately 520,000. To service their health needs there were 29 hospitals with a total of 1,982 beds (ratio of 3.8 beds per 1000 population). At that time Camp Hill with 300 beds was the second largest hospital in the province, the largest being the Nova Scotia Hospital.

On September 1, 1939, German troops crossed into Poland. Within three days Canada embarked on nearly six years of national struggle. Halifax became literally the crossroad of the world functioning as a convoy assembly point. It was the chief base of the Royal Canadian Navy which by the spring of 1945 consisted of 370 fighting ships and 95,000 officers and men. Highlights of those years in Halifax were the visits by Churchill in 1943 and 1944.

Camp Hill, in 1939, as a result of World War II was filled to capacity. With the assistance of personnel from the R.C.N., the City

and Provincial Departments of Health, 1,000 patients were being cared for. An active medical teaching program was implemented and carried on through the war. A large proportion of the active physicians in Halifax enlisted leading to serious manpower problems — the remaining physicians worked night and day. At one time the number of practising physicians (exclusive of physicians in the services) in the City of Halifax (with a population of over 70,000) was 50. A number of prominent physicians — to numerous to list — were attached to Camp Hill during the war.

Early in 1940 the Quarantine Hospital at Rockhead was reopened because of an outbreak of cerebro-meningitis. The Infectious Disease Unit thereby established was transferred from Rockhead to the Forbes Annex (on the site of the present Abbie Lane building) in 1941. In this year Pavilions B & C were constructed — these were eventually demolished in order to make room for the Veterans Memorial Building. In December, 1944 the so-called Tory property on Young Avenue was purchased to provide domiciliary Care to veterans who required this level of care and were eligible.

In 1944 the Department of Pensions and National Health was divided into the Department of National Health and Welfare and the Department of Veterans Affairs (DVA). Veterans' hospitals, such as Camp Hill, came under the jurisdiction of the DVA. Excluding the medical departments, the following various hospital departments and/or services were established:

Original Name	**Date of Origin**
Dietary	1917
Nursing	1917
Radiology	1917
Massage Department	1917-19
Vocational Training	1917-19
Dental Clinic	1917-19
Prosthetic Services	1920
Hospital Dispensary	1920-22 1939 (re-started)
Chaplaincy	1920
Vetcraft	1923-1936

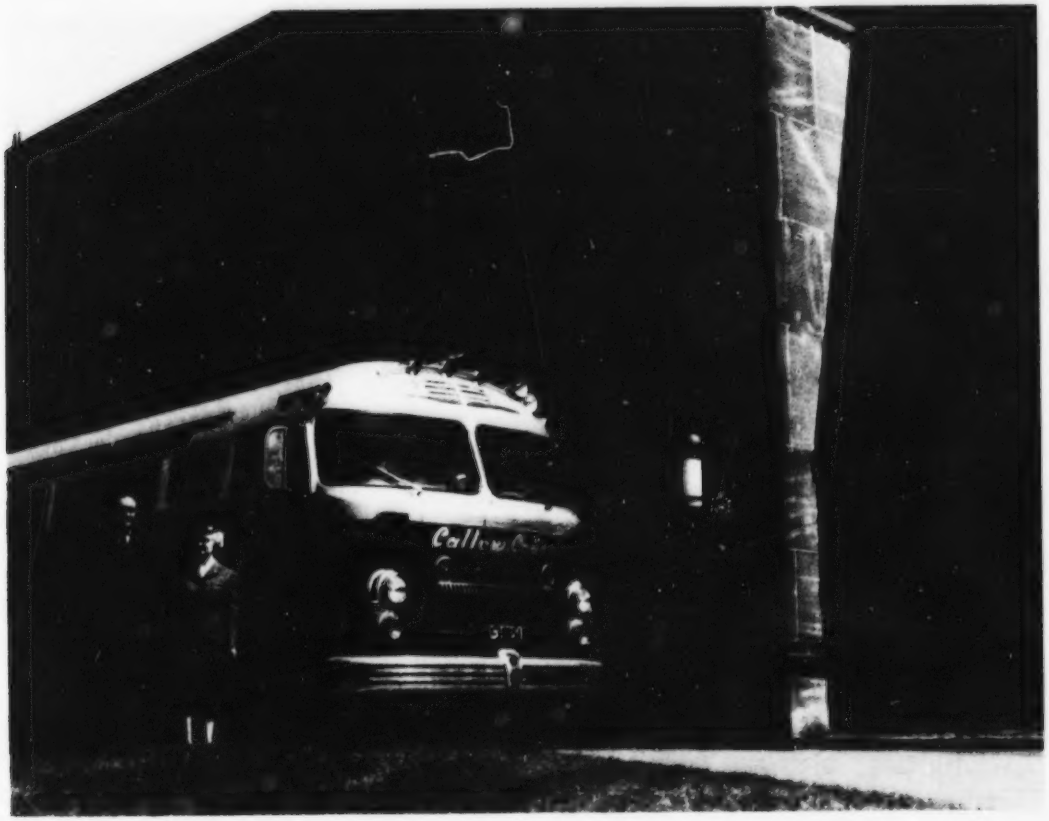
Original Name	Date of Origin
Medical Social Service	1944
Medical Photography	1947
Psychology	1949

During the latter months of the Second World War it became obvious that considerable reorganization would be essential in the Treatment Services of DVA. Dr. W.P. Warner was appointed Director General of Treatment Services in 1945 and he gradually implemented a reorganization plan aimed at providing the best possible care to veterans. Some of the basic principles of his plans had major impact on Camp Hill — for example, the provision of new accommodations, the appointment of part-time/university affiliated specialists, the establishment of close liaison with medical schools, and the creation of clinical research programmes.

The years 1945-48 were busy construction years for Camp Hill — additional construction on the Summer Street Administration Building (1946); demolition of the old greenhouse/kitchen/boiler house (1947); construction of the Robie Street brick building (1948), the power plant (1948), and the Red Cross Lodge (1948). Following this construction DVA services amalgamated. The tuberculosis hospital at Deep Brook was closed and the veterans were transferred to the B& C Pavilions at Camp Hill. Likewise the Tory property was closed and the 49 Domiciliary Care patients were transferred to Camp Hill, taking up residence in the Forbes Annex. At this time the District Treatment Services were integrated into the hospital administrative programme — Dr. T.E. Kirk, Medical Superintendent, was responsible for administering the hospital and the district.

Camp Hill Hospital's services increased when the Certified Nursing Assistant (CNA) program began in 1953. Over 300 CNAs had been trained when the school closed in 1972. The nursing Orderly Program began in 1954, under Miss Jean MacLean, the Director of Nursing. The program became the responsibility of Staff Development in 1976. Mr. Gerald Nagle, an instructor from Educational Services, trained 219 orderlies from June 1974 to January 1983.

The history of Camp Hill is written in the main about the people who worked in or visited the institution — little is said about the patients who are admitted to the institution. One remarkable individual who resided in Camp Hill for years was Walter Callow. Admitted in the late 1930's he organized and ran the "Callow Veterans and Invalids Welfare League" to provide handicapped transportation — a service this organization still provides.



Callow Coach at Camp Hill Hospital 1954.

CHAPTER 5

THE CITY HOME AND THE ABBIE LANE BUILDING

> Look to your health; and if you have it, praise God, and value it next to a good conscience; for health is the second blessing that we mortals are capable of; a blessing that money cannot buy.
>
> Izaak Walton
>
> 1593-1683

The care of the mentally ill has been a concern in Halifax since the City's foundation. Facilities of some sort for these unfortunate people were started the year after Halifax was founded, and the psychiatric facility at Camp Hill can be traced directly from that time, but most immediately from the Halifax city Home which had its origin in three separate institutions.

In 1750, a Public Hospital was started to take care of the ill and in the same year an Orphan House was begun. Both of these were in the large field between Barrington and Hollis Streets, and Salter and Bishop, approximately where Government House now stands. In the year 1752, there was a great deal of poverty and unemployment, and it was suggested that a Work House or Bridewell, as it was then called, be erected to take care of both the unemployed and the criminal. A stone house, on what is now Spring Garden Road, at the site which subsequently accommodated Connolly's Book Store, was taken over for this purpose.

The cost of these institutions caused trouble from the very beginning. The Lords of Trade at Whitehall, London, complained to the Governor about the Orphan House in particular, but the Governor wrote back, pointing out that it was needed because so many useless people were sent to Halifax. The governor also noted that, "in the last shipment, there were over thirty immigrants landed who could not stir from the beach and in twelve days fourteen

children were taken to Orphan House." In a later letter, to reduce the cost, the Lords of Trade suggested striking off the rum allowance to the troops at Chignecto, and applying the savings to the Orphan House. The Orphan House was occupied soon after it was opened in 1752, and in the succeeding nine years it cared for 275 children. Later on, many complaints were heard that the children were poorly fed and badly treated, and the Governor ordered the first survey or "investigation" in 1774. The original building was abandoned in 1787, after the children had been transferred to the new Poor House, to be described.

The Public Hospital did a thriving business too, and in addition to its regular medical duties it was fitted with locks and bolts to house sick prisoners. It was stated "that it often happened that prisoners from long confinement, the want of exercise and of the many conveniences of life, are rendered infirm and sickly, and frequently contract distempers that either prove fatal or subject them to an ill state of health, after their enlargement, whereby they become incapable of serving themselves or the community." This building continued to function until 1768.

The Work House on Spring Garden Road was by no means adequate, and in 1758, a Bill was passed to establish a new asylum for the poor. After much looking around for a suitable site, a building was erected on the north east corner of what is now Spring Garden Road and Queen Street. The original name of this road, incidentally, was not Spring Garden, but it went by the not very euphonious name of Workhouse Street. The original building was erected in stone, and it was 60 feet long by 20 feet wide on the inside, and 12 feet high. The neighbouring field, later Grafton Park, became the Poor House Cemetery.

While originally intended as an institution for the poor, it soon became much more than this. In 1759 an Act relating to it was passed, and among other things provision was made for the insane, "If any person be idiots or lunatics, or sick or weak, they should be taken care of by the keeper of the House." Surgeons were appointed to look after the sick and orphans and poor children were to be maintained.

The problem of expense again came up in 1766, and a tax was levied on spirituous liquors, and on other imported goods to help pay for it. Apparently things went well for a time, for in 1786 a report was read on conditions of the House to the Council, and it was found to be in good order and maintained with cleanliness, prudence and economy, except in the case of doctors whose charges were considered extravagant.

In 1812, the building was found to be much too small and a new wing was added "for the care of lunatic persons from different parts of the province." This was erected at a cost of $2,294.

By now the institution had considerably changed from its original character and was the main medical institution for the civilian population. Many sick seamen after the War of 1812 were treated there, and severe epidemics of smallpox in 1814-15 produced a considerable problem. In 1832, the physicians of the city started a petition for a separate hospital away from the Poorhouse. The Poorhouse Hospital was at that time under the monopoly of one physician, and the doctors asked for a separate building to be available for all of the physicians and to be used as a teaching school. This led some years later to the establishment of what is now the Victoria General Hospital.

Following this petition a committee was set up under Jothan Blanchard, Chairman. Marguerite H.L. Grant summarized the findings of the Commission in an interesting article in the Nova Scotia Medical Bulletin in 1937. She says as follows:

> This Committee stated that they had visited all the wards in the Poor House, and that there were 298 persons in the establishment and every room from cellar to garret was filled to excess and very unhealthy — there were no cross windows nor means for ventilation. In one garret over the ward for lunatics, in which was an average of twenty patients, there were 18 beds nearly in contact in which 47 persons were nightly crowded. In two or three rooms, 30 by 20 feet, were 20 beds and about twice the number

of people. In one ward called the Hospital, there were 18 men and 2 boys, most of them confined to bed.

The total absence of all classification of diseases was one of the most distressing circumstances; some were dying of mere old age, others of consumption, some were labouring under general debility, and others with local ailments, often resulting in serious consequences — one man came in to be cured of an ulcer and caught typhus fever. A separate hospital was necessary to preserve the healthy from contagion. The Committee felt also that the present buildings were meant only for the indigent and aged, but now served as a general hospital, a lunatic asylum, an orphan's house, a sailor's hospital and a lying-in institution. There was an average of 800 persons with 100 deaths a year, and should cholera break out it would sweep away the inmates.

There was absence of comfort and cleanliness, and so over-crowded that it was impossible to provide bathing facilities.

The Committee had some positive recommendations to make. They suggested a single institution, which when constructed would serve the purpose of a general hospital, a sailor's hospital, a lunatic asylum and a lying-in institution. They also requested that a separate orphan house be constructed — the one noted earlier having long since fallen into disuse — for the existing Poor House contained 74 children under 10 years of age, and all except 9 were orphans.

In 1834, the Poor House Hospital was again taxed to its limits by the cholera epidemic, and another petition asked for the enlargement of the institution. At this time it was stated that some of the paupers had to be accommodated in the portion of the building used for the insane.

A further petition was presented in 1843. Part of this petition, presented by the Mayor, H. Bell, the Aldermen and Common Council, is so impressive that it is worth repeating. It is as follows:

To the Honourable
House of Assembly for the
Province of Nova Scotia
now in Sessions convened.

The Memorial of the Mayor,
Alderman and Common Council
of the City of Halifax
Respectfully sheweth

That there are now in the Poor's Asylum in the city forty insane persons . . . . . Until very recently such cases have been considered and treated as hopeless, and the unhappy subjects have been viewed as outcasts from Society, and only like inferior animals to be caged and chained and whipped into submission, as if entitled no longer to the characteristics which distinguish from the 'beasts that perish' and as if the link which unites them to the human family were entirely dissolved. The advance of intelligence, of civilization and science have dissipated these gross and misanthropic ideas — have made ashamed of these barbarous practices and have stimulated to efforts in behalf of this class of our suffering fellow beings. In almost every Country in Europe and America, and nearly in every town, Asylums are now provided for their especial benefit and by a system of kindness and sympathy treating them as still of our own species and as intellectual beings — exciting their love instead of their fear — many are restored and it has been demonstrated that if taken in time with proper treatment, the disease is as susceptible of cure as any other disorder. The Reports on this Subject show that eighty percentum on an average may be restored, and that those who are beyond recovery need not be degraded below the rank of human beings, but are capable of a great degree of enjoyment, worthy of their intellectual nature, or at least of a great alleviation of their sorrows.

A survey was prepared in 1846, covering the whole province. It was stated then that "the total number of lunatics in the Province would be three hundred and eighty-three" and in the Halifax Poor House the situation was as follows:

There were	115	men in the Poor House of whom	23 were insane.
There were	111	women in the Poor House of whom	24 were insane.
There were	46	children in the Poor House of whom	1 was insane.
Total	272		48

All of these petitions eventually produced results and a Committee was appointed to study the matter of a new mental hospital. Miss Dorothea L. Dix, who had done much pioneer work in improving mental hospitals in the United States was invited to the Province, and the site at Dartmouth was decided on — its beautiful view having much to do with it's selection. The cornerstone of the Nova Scotia Hospital was laid on the 8th of June, 1856, and by 1859, several insane were removed from the Halifax Poor House to the new Asylum.

The new hospital relieved some of the load from the Poorhouse, but the problem of medical care still remained. At the time when the Asylum in Dartmouth was first considered, there had been a minority who favoured the establishment of a general hospital first, and in 1849 a special committee had been set up to look into the possibility of building such an institution. By 1855 an Act was passed which authorized the City to build a hospital and to issue bonds not exceeding $5,000 for such purposes. Part of the south common was chosen as the site. It was barren except for numerous gravel pits from which material had been taken to improve the streets. This rather unattractive location was commented on in an editorial in the Acadian Recorder on July 25, 1857. It said in part:

> We thought that the Common, in all its natural — or unnatural — nakedness, with its chaotic quarries, irregular but picturesque pyramids of stone, profound mud holes, expansive duck ponds, acres of beautiful rich red and brown earth, without a blade to mar the view except when a City Councillor took an occasional walk out that way —

> we thought that the South Common, just as it lay, was to the Councillors as the apple of their eye. The citizens should give them credit for much sacrifice of feeling in having decided to locate the hospital there.

By 1859 the main building of this new institution was completed and ready to house 35 patients. At first it was strictly a City Hospital; by 1865 it became a City and Provincial Hospital; and in 1886 it was taken over by the Province. In the following year it was renamed the Victoria General Hospital, in honour of Queen Victoria's Golden Jubilee.

This new hospital took a further load from the Poorhouse, but still more facilities were needed. In 1867 it was decided to proceed with the building of a new institution, and a site was selected on the north-east corner of South and Robie Streets. The total cost was $112,345 and 2/3 of the expenses were born by the Province, and 1/3 by the City. When constructed, it was the highest building in Halifax with its central section five or more stories high and it was the second largest building in the province. It was originally designed in the form of a cross, with four wings radiating from the central section. As planned it would have accommodated 1,200 patients; however, only the central section and the south and west wings were built, with the intent to provide for 600 patients. It was of brick and stone and was said to resemble a castle.

On November 1882, this building caught fire and burned, with a loss of 31 lives. The newspaper accounts at that time recites the harrowing experiences of the holocaust. "When the main door was broken down the stairways were crowded and out came a procession of women nursing little infants, old gray bearded grandames and feeble old men...Some were clothed, partly or wholly; others enveloped in blankets; more naked." Some 50 to 60 little children were saved.

No one informed the firemen during the early stages of the fire that the hospital ward was on the top floor, and no efforts were made to evacuate these unfortunate bed patients until it was too late. By then the stairways were ablaze and the ladders of the

Fire Department could not reach so high. Most of these patients perished in their beds.

The city was profoundly shocked by this tragedy. An investigation with full newspaper publicity brought out, among other things, the fact that the Superintendent had no efficient staff, for the fireman, watchman, helpers, etc., were all inmates, paid a few dollars a month to perform their duties. The Coroner's Jury reprimanded the Commission for conducting the Asylum "on principles of false economy, without proper system and without any effective code of rules."

After the fire the surviving patients were taken to the old penitentiary bordering on the North West Arm, which was no longer used. They remained there until a new building was erected. This new structure, was built on the site of the one which had just burnt down. Its original cost was $71,713 and it was opened for patients in October, 1886. A north wing was added around 1931.

A survey by the City brought administrative reforms in 1937.

This, in brief, is the story of the Halifax City Home. It had a long and not altogether honourable history, but it may justly lay claim to the fact that it is the father of two other important institutions, the Nova Scotia Hospital in Dartmouth, and the Victoria General Hospital in its own city.

The City Home continued as such, housing the City's "Indigent and Insane" under the City Council until 1969. In 1964, the Institution, which by now was called the Halifax Mental Hospital, became the local Asylum under the Local Asylum Act, and a Board of Management was formed, however, City Council remained responsible for its growth.

By 1965, a new hospital on the Camp Hill Site was being discussed. A technical Advisory Committee was appointed, and it recommended that the Province take on the care of the mentally ill and the mentally retarded. Affiliation with the Medical School of Dalhousie University was proposed.

In 1966, the Municipal Mental Hospitals Act came into force, and the Board took over management of the Hospital which was still owned by the City. By 1969 the plans for the new hospital were approved by the Nova Scotia Hospital Insurance Commission, and they were put out to tender. The 196 bed mental hospital opened in August 1971. The hospital was named in memory of Abbie J. Lane, a city Alderman and the first woman deputy mayor of Halifax in 1954. Mrs. Lane was active in many community organizations including the Halifax Mental Hospital's Board of Management.

Prior to the patients moving into the Abbie J. Lane Memorial Hospital, breakfast was served in the old building on South Street and afterwards all who could do so walked to the new hospital, on Jubilee Road in time for lunch. A number of significant innovations in the care of Halifax's mentally ill took place that day between breakfast and lunch. The first was that male and female patients were no longer segregated, but accommodated on integrated units. Secondly, with eight units available instead of four, it was possible to place patients more appropriately than had been done hither to, when placements had merely been in a locked or unlocked ward. Thirdly, nursing staff, as a whole adopted street clothes rather than uniforms.

By 1978, serious consideration was being given to merging the psychiatric services operating in Camp Hill with the program at the Lane. In 1979, the Hospitals Act was proclaimed and, amongst other things, emphasized that mental illness was no longer separate from other health care. The Hospital was redesignated a Municipal Psychiatric Hospital, and by the middle of 1979 proposals were put to the City to sell the hospital to the Province. In May 1981, the sale of the hospital to the Province took place and the Lane Hospital merged with Camp Hill Hospital.

CHAPTER 6

CAMP HILL HOSPITAL — THE PRESENT

In 1978, the ownership of Camp Hill Hospital was transferred from the Federal Department of Veterans Affairs to the Province of Nova Scotia. This recognized the evolution of the role of the hospital to a greater community orientation. In May 1981, Camp Hill Hospital and the Abbie J. Lane Memorial Hospital were amalgamated. In October 1987, the new Veterans Memorial Building was opened by the Honourable George Hees and Premier John Buchanan. In the future, it is anticipated that the Halifax Infirmary will relocate to the Camp Hill site, forming a comprehensive Camp Hill Medical Centre. The two hospital boards amalgamated on Sept. 29, 1987.

The mission of Camp Hill is to provide quality care for patients within the limits of available resources. The stated goals of the institution are as follows:

1. To provide the acute adult medical/surgical and psychiatric services of a community hospital which will complement those provided by other hospitals for adults in the metropolitan area.

2. To provide a geriatric service for the assessment, treatment, rehabilitation and long-term care of the elderly.

3. To provide for the specific health needs of veterans in long-term care.

4. To provide tertiary adult medical/surgical and psychiatric services for the region in selected disciplines.

5. To provide an environment of the development and education of persons involved in various levels of health care.

7. To continue to develop and maintain a quality assurance program that will evaluate and improve the standards of service and standards of performance on a continuing basis.

At present, Camp Hill Hospital provides a wide range of health services to adults as part of the hospital system of metropolitan Halifax. Camp Hill Hospital is affiliated with Dalhousie University and is one of the major teaching hospitals of the University. This association with Dalhousie and in particular the medical school dates back to the 1920's. The current Dean of the Faculty of Medicine, Dr. T.J. Murray, was formerly the Head of the Department of Medicine at Camp Hill.

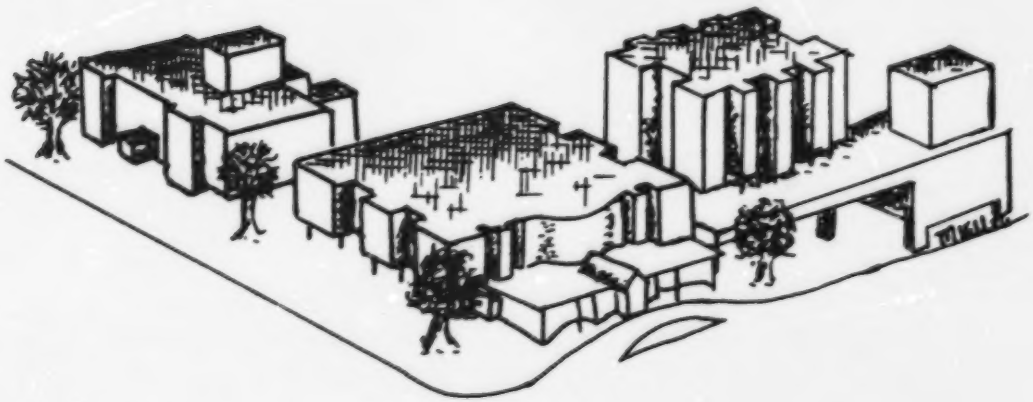
An area of particular emphasis for Camp Hill Hospital is the health care of the elderly. Camp Hill endeavours to provide high quality care to the elderly by the implementation of a comprehensive program of assessment, treatment, rehabilitation and long-term care. In addition to the direct services that Camp Hill provides it is also developing as a major resource centre for the education of health professionals in the field of heath care for the elderly. A variety of programs for the elderly have been developed at Camp Hill. These include the geriatric assessment unit (which provides acute inpatient care for the assessment and treatment of the ill elderly), the geriatric day hospital (this functions as a "bridge" between institutional and home care), ambulatory care programs, and long-term care (which provides extended care for veterans determined eligible by the Department of Veterans Affairs).

In addition to geriatrics, Camp Hill has been designated as the prime regional teaching and referral centre for psychiatry. The University Department of Psychiatry is located at the hospital. The current psychiatric programs include a psychiatric day hospital, a community-based psychiatric day clinic, a psychiatric inpatient unit, and a psychiatric acute observation unit.

A number of other specialized services are available within Camp Hill. The Department of Surgery at Camp Hill performs a large proportion of the vascular surgery done in the metropolitan region. Other areas of emphasis include general surgery, orthopedic surgery, and plastic surgery. The Department of Medicine runs an active inpatient and outpatient service. Specialized areas include a multiple sclerosis clinic and a hypertension research

clinic. The Department of Urology provides general urological services and the Metro Impotence Clinic. The Department of Family Medicine provides a medical teaching unit, outpatient clinics, and is responsible for long-term care at Camp Hill. Camp Hill provides provincial/regional services through the Provincial Drug Information Centre and the Maritime Provinces Tissue Typing Laboratory.

Camp Hill Hospital looks proudly at its past and eagerly towards its future. The health care world is changing dramatically but the hospital feels confident that it can adapt to the changing environment. To quote Elizabeth Barrett Browning: "Grow old along with me/the best is yet to be".



Camp Hill Hospital, 1988
drawn by
Marie McGettigan

APPENDIX

CAMP HILL HOSPITAL
A CHRONOLOGY

1757 — 1,200 British troops encamp on the hill awaiting transport to Louisburg.

1775 — British troops train on Camp Hill. These troops are used to reinforce those already fighting in the 13 colonies.

1833-34 — Cholera epidemic breaks out in Halifax. Camp Hill is used as a treatment area for the troops.

1834 — Camp Hill cemetery first used.

— Fresh water supply for Halifax is drawn from a fresh water brook which runs along the southeast edge of Camp Hill.

1917 — The Military Hospitals Commission and the Department of National Defence order a military hospital to be built on the Camp Hill site.

— December 6, 1917, the Halifax Explosion destroys much of Halifax and Dartmouth. Both the military and naval hospitals are destroyed. Camp Hill accepts 1,200 casualties.

1918 — Construction of Camp Hill Hospital continues.

— D.N.D. (Department of National Defence) turns Camp Hill over to the Department of Soldiers Civil Re-establishment.

During the war, Camp Hill is mainly a convalescent hospital, however, soon after the war its services are quickly extended to look after surgical and medical problems.

— Prince Arthur, the Duke of Connaught, visits Camp Hill Hospital.

1921 — Prince of Wales (Edward VIII) visits Camp Hill Hospital.

1923 — Rehab and vocational training of veterans is transferred from N.S. Technical College to Camp Hill Hospital.

— A VetCraft shop is opened at Camp Hill Hospital. This shop sells hand made crafts made by veterans.

1925 — A Pathology Department is established at Camp Hill Hospital.

— Domiciliary rights are granted to older patients.

1928 — Department of Pensions and National Health take responsibility of managing Veterans hospital.

— Dalhousie Medical School uses Camp Hill as a teaching hospital.

1937 — Walter Callow (the "Human Log") is admitted to Camp Hill after a long illness which had left him crippled. During his stay at Camp Hill, Mr. Callow organizes a Cigarette Fund for troops overseas and designs (with the help of engineers) a special bus for those in wheelchairs. It has been fitted with hydraulic lifts to allow chair access into the bus, a first anywhere in the world.

1932 — Sick mariners are first admitted to Camp Hill Hospital.

— King George VI and Queen Elizabeth (Queen Mother) visit Camp Hill Hospital.

— After the outbreak of WWII Camp Hill's occupancy is up to 1,000 patients.

1944 — Department of Pensions and National Health split into two new departments — the Department of National Health and Welfare and the Department of Veterans Affairs. The Department of Veterans Affairs takes over Camp Hill Hospital.

1946 — Field Marshal Bernard ("Monty") Montgomery visits Camp Hill Hospital.

1948 — The new Camp Hill wing is opened (Red Brick Building). It contains the most modern equipment and has 250 beds.

— Hollywood actress Joan Caulfied visits Camp Hill Hospital.

— Lt. Gov. McCurdy visits Camp Hill Hospital.

— Red Cross Lodge is built.

1950 — Number of domiciliary care cases reaches 130.

1951 — Princess Elizabeth and the Duke of Edinburgh visit Camp Hill Hospital.

1953 — Certified Nursing Assistant Program is established.

1954 — The Camp Hill Hospital Nursing Orderly Program begins.

1958 — Princess Margaret visits Camp Hill Hospital.

1959 — H.R.H., Queen Elizabeth II visits Camp Hill Hospital.

1960 — Jack Dempsey (World Boxing Champion) visits Camp Hill Hospital.

1963 — Federal government agrees to turn over Veterans hospitals to communities.

1967 — Queen Mother visits Camp Hill Hospital.

1973 — The last Camp Hill Hospital Nursing Assistant Program is held.

1978 — Camp Hill Hospital is turned over to Province of Nova Scotia.

— Dame Vera Lynn (singer) visits Camp Hill Hospital.

1979 — Queen Mother visits Camp Hill Hospital.

1981 — Abbie Lane Hospital amalgamates with Camp Hill Hospital.

1983 — The last Camp Hill Hospital Orderly Program is held.

1987 — H.R.H., Prince Edward visits Camp Hill and tours the new Veterans Memorial Building.

1988 — Amalgamation with the Halifax Infirmary to form Camp Hill Medical Centre.

CHAIRMEN — BOARDS OF DIRECTORS

Camp Hill Hospital

Mr. V. Zahorski	1978 - 1981
Mr. T. Sullivan	1981 - 1985
Mrs. M. Hodgson	1985 - 1987

Camp Hill Medical Centre

Mr. D. Ashworth	1987 -

Abbie J. Lane Hospital/Halifax Mental Hospital

Ald. R. A. O'Brien	1964 - 1966
Mr. S. D. Bryson	1966 - 1971
Mr. L. E. Moir	1971 - Sept. to Dec.
Mr. J. S. Cowan	1972 - 1978
Dr. D. A. Eisener	1978 - 1981

ADMINISTRATIVE DIRECTORS

Camp Hill Hospital

Dr. R. H. Sutherland	1920 - 1922
Dr. M. A. MacAulay	1922 - 1927
Dr. O. G. Donovan	1927 - 1931
Dr. E. A. MacLellan	1931 - 1938
Dr. C. MacLeod	1938 - 1948
Dr. T. E. Kirk	1948 - 1967
Dr. C. J. MacDonald	1967 - 1973
Mr. G. A. Armstrong	1973 - 1975
Mr. J. K. Forrest	1975 - 1978
Mr. L. W. Preston	1978 -

Abbie J. Lane Hospital/Halifax Mental Hospital

Dr. J. M. Tainsh - Superintendent	1966 - 1970
Cmdre. S. Jenner — Administrator	1970 - 1981

MEDICAL DIRECTORS

Camp Hill Hospital

Dr. R. H. Sutherland	1920 - 1922
Dr. M. A. MacAulay	1922 - 1927
Dr. O. G. Donovan	1927 - 1931
Dr. E. K. MacLellan	1931 - 1938
Dr. C. MacLeod	1938 - 1948
Dr. T. E. Kirk	1948 - 1967
Dr. W.H.O. Matthews	1967 - 1968
Dr. Harris Miller	1968 - 1978

Abbie J. Lane Hospital/Halifax Mental Hospital

Dr. J. M. Tarinsh	1970 - 1973
Dr. C. Medina	1973 - 1981

NURSING DIRECTORS

Camp Hill Hospital	
Matron K. O. McLatchey	1918 - 1920
Matron S. C. MacIsaac	1920 - 1948
Matron R. L. King	1948 - 1966
Miss J. Nelson	1966 - 1974
Miss M. Johnson	1974 - 1982
Ms. B. Lethbridge	1982 -
Abbie J. Lane Hospital/Halifax Mental Hospital	
Ms. A. Goodwin	1966 - 1969
Ms. B. McLean	1969 - 1973
Mr. W. Wyer	1973 - 1974
Ms. N. Street	1974 - 1979
Ms. B. Lethbridge	1979 - 1982

Bibliography

Akins, T. B. **History of Halifax City** Halifax: Nova Scotia Historical Society, 1895.

Camp Hill Hospital Archives, Directors Annual Reports, 1954 - 1975.

Grant, Marguerite. "Historical Sketches of Hospitals and Alms Houses in Halifax, Nova Scotia, 1749 to 1859." **The Nova Scotia Medical Bulletin**, 17 (1938), 229 - 38.

Haliburton, Thomas C. **History of Nova Scotia. Vols. I - II.** Halifax: Printed and Published by Joseph Howe, 1829.

MacKenzie, K. A. Kirk, T. E., and Lemoine, R. E. **Camp Hill Hospital - Its History and Development** Ottawa, Ontario: Queens Printer, 1957.

Murdoch, Beamish, **A History of Nova Scotia, Vols. I-III.** Halifax: James Barnes, Printer and Publisher, 1865.

"1917 Halifax Explosion 50th Anniversary." **The Chronicle-Herald**, 6 December 1967, Section E.

Piers, Harry **The Evolution of the Halifax Fortress.** Halifax: The Public Archives of Nova Scotia, 1947.

Public Archives of Canada, Records of the Department of National Defence, R. G. 24, Vol. 1848, file G. A. Q. 12-2.

Public Archives of Canada, Intermediate Medical Report (Halifax Explosion)., M.G. 27, Vol. 2. # 1, December, 1917.

Public Archives of Canada, Records of the Department of National Health and Welfare, R. G. 29, Vol 771, file 416-6-62.

Public Archives of Nova Scotia, The Halifax Catastrophe, M. G. 27, Vol. 2, # 34, December, 1917.

Raddall, Thomas H. **Halifax, Warden of the North**. Toronto: McClelland and Stewart, 1971.

"Survey - City Home - 1951". Prepared by the Committee on the City Home for the Halifax City Council, January 1951.

"The Halifax Disaster". **Canadian Medical Association Journal**, 135 (1986) p. 800.